Reviewer's report

Title: Patient satisfaction of primary care for musculoskeletal diseases: A comparison between Neural Therapy and conventional medicine

Version: 3 Date: 12 December 2007

Reviewer: Paul F Beattie

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The authors have made substantive changes to this manuscript. I still however, have some concerns.

Major Compulsory Revisions

1. It is quite difficult to follow the data analysis. Measures are introduced at various points in the methods, data analysis and results sections. It would be easier to interpret this study if all measures are introduced and defined in the methods sections, the statistical approach is clearly defined in the data analysis section and the results are clearly described in the results section. For example, in the results section the general health measure is introduced and the procedure for dichotomous outcome is discussed. Throughout the paper I had difficulty determining what the exact dependent measures were and why they were collected.

2. There are several potential areas for bias in this study design. These should be acknowledged and discussed in the limitations sections. For example, is it possible that selection bias might have occurred since the patients selected their practitioner? Also, the nature of data collection could lead to recall and response bias, i.e. patients chose to respond or not by mail.

3. There is a high likelihood of statistical over-interpretation of the difference in time spent during consultation between the conventional and neural therapy physicians. While this difference was statistically significant it was only a mean difference of 2-minutes. Can one make an argument that this small effect size is truly meaningful?

4. Another issue relates to the lower prevalence of work incapacity attestations from the NT group. The subjects seen by the NT had a longer duration of symptoms, is it possible that many were already receiving some form of disability? This should also be addressed, for example in the demographics table list the prevalence of disability at the time of study enrollment.

5. Given the nature of the diagnoses of the subjects an adverse side effect rate of > 10% for both groups is very high. This could lead one to conclude that both approaches may be worse than no treatment at all relative to the likelihood of complication. This should be clearly discussed, i.e. how was adverse event
defined and measured? How many were serious?

**What next?:** Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

**Level of interest:** An article of limited interest

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I have no competing interests.